STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013164	A. BUILDING: _____ B. WING _____	06/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLANA SENIOR LIVING, LLC	7721 BATTERY POINTE WAY INDIANAPOLIS, IN 46240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for an Initial State Residential Licensure Survey. Survey Dates: June 25 & 26, 2014 Facility number: 013164 Provider number: NA AIM number: NA Survey Team: Mary Jane G. Fischer RN Census bed type: Residential: 9 Total: 9 Census payor type: Other: 9 Total: 9 Sample: 4 Solana Senior Living LLC, was found to be in compliance with 410 IAC 16.2-5 in regard to the Initial State Residential Licensure Survey. Quality Review was completed by Tammy Alley RN on June 26, 2014.	R 000		